

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|--|---|------------------------|-----------------------|
| TRANSMITTAL FORM | | Application Number | 10/809,687 |
| | | Filing Date | March 26, 2004 |
| | | First Named Inventor | Theodore S. Rappaport |
| | | Art Unit | 3694 |
| | | Confirmation Number | 7866 |
| | | Examiner Name | Ella Colbert |
| Total Number of Pages in this Submission | 2 | Attorney Docket Number | WV00015C01 |

ENCLOSURES

(check all that apply)

| | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <hr/> <hr/> <hr/> |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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|-----------------------|---------------------|------------------|--------|
| Firm or Individual | Barbara R. Doutre | Registration No. | 39,505 |
| Signature | /Barbara R. Doutre/ | | |
| Date | May 3, 2007 | | |

CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to:
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